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COVER PAGE 2002 DEC 13 PM 3:27

NAME (LAST)	(FIRST)	(MIDDLE)	CITY	DAYTIME TELEPHONE NUMBER
NAKANISHI	ALAN		CITY OF LODI	(209) 478-1797
MAILING ADDRESS (May be business address)		STREET	CITY	ZIP CODE
1136 JUNEWATER COURT		LODI	95242	OPTIONAL: FAX / E-MAIL ADDRESS

1. Full Name of Office Sought or Held, Agency or Court:

LODI CITY COUNCIL

Division, Board, District, if applicable:

CITY COUNCILMAN

Position:

☐ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position Title: CITY COUNCILMAN

2. Jurisdiction of Office (Check one box)

☐ State

☐ County of _____

☒ City of LODI

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☐ Annual: The period covered is January 1, 2001, through December 31, 2001.

-or-

☐ The period covered is ____/____/____, through December 31, 2001.

☒ Leaving Office Date Left: 12/5/02
(Check one) 12/2/02

☐ The period covered is January 1, 2001, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

☐ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes - schedule attached
Income - Loans

Schedule E ☐ Yes - schedule attached
Income - Gifts

Schedule F ☐ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

Total number of pages completed including this

cover page: 5

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/13/02
(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

original mailed to FPPC on 12/16/02

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

ALAN NAKANISHI

NAME OF BUSINESS ENTITY
CHEVRON

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
OK

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
K-MART

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
DEPARTMENT STORE

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
IBM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
D.G. & E.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Utility

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
SEARS ROEBUCK

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____ (Describe)

IF APPLICABLE, LIST DATE:
 ____/____/01 ____/____/01
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

ALAN NIKERSON

1. BUSINESS ENTITY OR TRUST

Name DELTA EYE MEDICAL, INC
Address 1617 ST. MARKS PLAZA
STOCKTON, CALIF. 95207
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

MEDICAL PRACTICE

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /01 / /01
ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Sole Proprietorship ☐ Partnership ☒ Stockholder
Other

YOUR BUSINESS POSITION EMPLOYEE

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE

 / /01 / /01
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold
Yrs. remaining

☐ Other

Comments:

1. BUSINESS ENTITY OR TRUST

Name

Address

Check one

- ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /01 / /01
ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Sole Proprietorship ☐ Partnership ☐
Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /01 / /01
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold
Yrs. remaining

☐ Other

SCHEDULE B
Interests in Real Property

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

ALAN NIKOLICH

STREET ADDRESS OR PRECISE LOCATION

521 South Ham Lane, Subd

CITY

LODI, CALIF.

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/01 ____/____/01
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Rental Property ☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

DELTA EYE MEDICAL
GROUP.

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other

INTEREST RATE

____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

☐ Additional loan - refer to Sch. D.

STREET ADDRESS OR PRECISE LOCATION

1617 ST. MARK'S PLACE

CITY

SPROCKTON, CALIF. 95207

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/01 ____/____/01
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Rental Property ☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

DELTA EYE MEDICAL
GROUP, INC

NAME OF LENDER

ADDRESS

CALIF. BANK & TRUST

4603 N. PERSHING AVE

BUSINESS ACTIVITY OF LENDER

☒ Financial Institution

☐ Other

INTEREST RATE

9 1/2% ☐ None

TERM (Months/Years)

25

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

☐ Additional loan - refer to Sch. D.

Comments:

(Income Other than Loans, Gifts, and
Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

NALCAWISM

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other: _____
(Describe)

➤ NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments: _____